



SANITARY INSPECTION REPORT

Pre-Op

IDENTIFICATION			
OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>PIC - Dan + Katie</i>		ESTABLISHMENT TRADING NAME <i>Red White & Que Smokehouse</i>	
NUMBER AND STREET		NUMBER AND STREET <i>150 Rt 22 West</i>	
COUNTY		MUNICIPALITY <i>Green Brook</i>	ZIP CODE <i>08812</i>
MUNICIPALITY	STATE	COUNTY <i>Somerset</i>	TELEPHONE NO.
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>	CO/MUN CODE

INSPECTION			
TYPE OF ESTABLISHMENT 1 <input type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)	
		DATE <i>5/20/22</i>	BEGIN <i>9:45am</i>

EVALUATION		
<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> CONDITIONALLY SATISFACTORY	<input type="checkbox"/> UNSATISFACTORY

OFFICIAL(S)		
LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL	
NAME, ADDRESS AND <i>(print)</i> <i>Middle - Brook Regional Health Commission 111 Greenbrook Rd, Green Brook, NJ</i>	NAME OF INSPECTOR <i>Shahira Morell</i>	
TELEPHONE NUMBER <i>732-968-5151</i>	TITLE <i>REHS</i>	
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S SIGNATURE <i>Shahira Morell</i>	
	INSPECTOR'S PERM. REG. NO. <i>B-164238</i>	DATE <i>5/20/22</i>

CONTINUATION SHEET
(for Inspections, Surveys, Audits, etc.)

Pre-Op

NAME (Individual, Facility, Establishment, etc.)

Red, White, & Que Smokehouse

DATE

5/26/22

MUNICIPALITY

Green Brook

TEL., CODE of ID NO.

ITEM NO.

REMARKS

→ OK to open ←

- Handsinks - need signs for Handwash only

- Refrigeration temps good

- Bathrooms Good

↳ Pick up license + Placard @ office

↳ Pro-rated Fee payable to Green Brook Twp.
#207 Fee May - Jan.

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED